

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY

APPLICATION FORM - NEW BUSINESS AND TOP-UP

For accredited investors - individual, joint, corporate and trustee investors

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 OF SINGAPORE, AS MAY BE AMENDED FROM TIME TO TIME, IF YOU DO NOT FULLY AND FAITHFULLY DISCLOSE IN THIS APPLICATION FORM ALL FACTS WHICH YOU KNOW, OR OUGHT TO KNOW, THE POLICY ISSUED MAY BE VOID AND YOU MAY RECEIVE NOTHING FROM THE POLICY.

THIS DOCUMENT WAS LAST UPDATED IN JANUARY 2024.

Please confirm with your financial adviser representative that this is the most up-to-date document for your product or servicing needs.

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

SECTION		PAGE	COMPLETED	
A	Type of application	3	<input type="checkbox"/>	
B1	Individual/joint/non-corporate trustee applicant(s)	4	<input type="checkbox"/>	
B2	Corporate/corporate trustee applicant	6	<input type="checkbox"/>	
B3	Details of the trust - this section applies to trustee applicants	7	<input type="checkbox"/>	
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C	Details of any additional life/lives assured (if different from applicant(s))	8	<input type="checkbox"/>	
D	Source of Funds	9	<input type="checkbox"/>	
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F	Source of Funds	11	<input type="checkbox"/>	
G	Request for Utmost International to appoint a discretionary asset manager	17	<input type="checkbox"/>	
H	Regular withdrawals (optional)	17	<input type="checkbox"/>	
I	Number of policies	17	<input type="checkbox"/>	
J	Utmost International charges	18	<input type="checkbox"/>	
K	Declaration and application	18	<input type="checkbox"/>	
L1	Verification of customer identity - financial adviser representative/suitable certifier to complete - this section applies to all applicant types	23	<input type="checkbox"/>	
L2	Verification of customer identity - financial adviser representative/suitable certifier to complete additional information for non corporate trustee applicants	25	<input type="checkbox"/>	
L3	Verification of customer identity - financial adviser representative/suitable certifier to complete - additional information for corporate/corporate trustee applicants	27	<input type="checkbox"/>	
M	Financial adviser representative/suitable certifier	27	<input type="checkbox"/>	

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CUSTOMER ID NUMBER(S) IF KNOWN PLEASE ENTER THE CUSTOMER ID NUMBER(S)

Applicant 1

Applicant 2

FINANCIAL ADVISER REPRESENTATIVE

Utmost International Adviser ID

MAS representative number

Name of Financial adviser representative

Company name

Address

Telephone number

Fax number

E-mail address

Utmost International only accepts business introduced by companies which have Terms of Business with us.

We only sell our products through financial adviser representatives as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser representative, you need to bear in mind that they are acting on your behalf and not on behalf of Utmost International. You are responsible for their actions or omissions.

The Executive Investment Account - Discretionary is issued by Utmost International Isle of Man Limited Singapore Branch on behalf of Utmost International Isle of Man Limited. All references to **Utmost International, we, us** and **our** in this application form mean Utmost International Isle of Man Limited.

IMPORTANT TAXATION INFORMATION

Under Automatic Exchange of Information (AEOI) regulations, Utmost International is required to obtain information about an applicant's tax status. To enable us to comply with these regulations, when submitting this application form you must also submit the **'Taxation information and self-certification - for entity investors'** or **'Tax declaration and self-certification for Trusts (where the trustees are all individuals)'** form. Completion and submission of a self-certification is mandatory and failure to provide one could result in your policy being reported under AEOI by default. If any of the information contained in the self-certification changes, please advise Utmost International promptly so we can determine if a new self-certification is required.

IMPORTANT INFORMATION FOR YOU - THE APPLICANT

This application form should be read together with the Policy Terms, Confirmation of Charges, Product Summary and Product Brochure, which are available from Utmost International. You will also need to read Your Guide to Life Insurance (this can be downloaded from the Life Insurance Association's website: www.lia.org.sg).

Please note this application form must not be used by applicants residing/incorporated in Hong Kong or the United States of America or its territories.

Before completing the application form, please make sure you receive and read through the relevant product information:

- › Executive Investment Account - Discretionary product brochure
- › Executive Investment Account - Discretionary product summary
- › Executive Investment Account - Discretionary Policy Terms (ref SO1B)

For ease of reference we have used an arrow ► to highlight important facts.

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FREE LOOK PROVISION

You have the right to cancel your Executive Investment Account - Discretionary or additional investment and obtain a refund of any premium(s) paid, less any applicable charges*, and any fall in the value of the assets linked to your Executive Investment Account - Discretionary. You have 30 days from the date that you receive the Schedule for the initial premium, or letter accepting the additional investment, to let us know you want to cancel. Further information on how to cancel can be found in the Executive Investment Account - Discretionary Policy Terms.

*Where relevant, applicable charges include non-refundable fund charges, fees we have paid to your financial adviser representative on your behalf and bank charges.

COMPLETING THE FORM

To complete this form:

- › use CAPITAL LETTERS only
- › use blue or black ink
- › specify choices as appropriate
- › complete all relevant sections
- › do not use correction fluid; any amendments should be crossed out and initialled by all applicants (authorised signatories of the company or corporate trustee, if applicable).

Please ensure that you complete all relevant sections. We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

A TYPE OF APPLICATION

Type of client, please tick (✓)

Individual

Joint

Corporate

Non-corporate Trustee (Individual/Joint)

Corporate
Trustee

Reason for investment
(e.g. saving for retirement)

NEW INVESTMENT

If this is an application for a **NEW INVESTMENT**, please tick here (✓).

ADDITIONAL INVESTMENT

If this is an application for an **ADDITIONAL INVESTMENT**, please provide your existing policy number: (you can find this in your policy documentation)

► Please complete sections B, C (if applicable), D, E, F, J, K, L and M. If your details have not changed, you would only need to complete the full forename(s) surname and employment details of each Policyholder in section B1 or Company name in B2 and full forename(s) and surname of each life assured (if applicable) in section C.

POLICY CURRENCY

I wish my policy to be
valued in (✓)

S\$

US\$

€

£

Other (state currency)

Please note if no currency is entered your policy currency will be US dollars (US\$). The policy currency cannot be changed after the policy is set up.

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B1 INDIVIDUAL/JOINT/NON-CORPORATE TRUSTEE APPLICANT(S)

In this section, please give details of all individual applicant(s). Applicants must be at least 18 years old and the maximum age is 89. The maximum age for a life assured is 89.

If there are any further applicants, please photocopy this section, attach the details with this application form and tick here (✓)

► **If additional pages are added, each separate page must be initialled by all applicants.**

	Applicant 1			Applicant 2 (if any)		
Title (✓)	Mr	Mrs	Miss	Mr	Mrs	Miss
	Other	<input type="text"/>		Other	<input type="text"/>	
Full forename(s)	<input type="text"/>			<input type="text"/>		
Surname	<input type="text"/>			<input type="text"/>		
Previous name/alias/ maiden name (✓)	Previous name	<input type="text"/>		Previous name	<input type="text"/>	
	Alias name	<input type="text"/>		Alias name	<input type="text"/>	
	Maiden name	<input type="text"/>		Maiden name	<input type="text"/>	
Relationship to first applicant	<input type="text"/>			<input type="text"/>		
Sex (✓)	Male	Female		Male	Female	
Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y			<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y		
NRIC/FIN number	<input type="text"/>			<input type="text"/>		
Nationality	<input type="text"/>			<input type="text"/>		
Dual nationality (if applicable)	<input type="text"/>			<input type="text"/>		
Passport number/national identity card number	<input type="text"/>			<input type="text"/>		
Expiry date	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y			<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y		
Country of issue	<input type="text"/>			<input type="text"/>		
Country of residence	<input type="text"/>			<input type="text"/>		
Residential address (where you are currently living, we do not accept PO Box or C/O addresses)	<input type="text"/>			<input type="text"/>		
	<input type="text"/>			<input type="text"/>		
	<input type="text"/>			<input type="text"/>		
	Postcode <input type="text"/>			Postcode <input type="text"/>		
Correspondence address (if left blank we will use the residential address for correspondence)	<input type="text"/>			<input type="text"/>		
	<input type="text"/>			<input type="text"/>		
	Postcode <input type="text"/>			<input type="text"/>		

Utmost International accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost International reserves the right to send correspondence to the residential address where regulations prevent it being sent to any other address.

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Telephone number including area code (daytime)	<input type="text"/>	<input type="text"/>
Mobile number including area code (Please note each applicant must provide valid mobile number)	<input type="text"/>	<input type="text"/>
E-mail address (Please note each applicant must have a unique e-mail address)	<input type="text"/>	<input type="text"/>
Is the applicant(s) also going to be a life assured? (✓)	Yes No	Yes No

There must be an insurable interest between the applicant and the life assured where the applicant would suffer loss in the event of the death of the life assured, this must be stated in Section C.

Employment details

Applicant 1

Applicant 2 (if any)

For additional investment, if your employment details have not changed since the last application, please tick here (✓) and go to section B4.

Please give details of your employer or your own company, if self-employed. If you have retired or are not currently employed please include details of your previous employer or your own company. If you have never been employed, please state N/A.

Please also enter your final year's salary/income and bonus if any.

Employment status (✓)	Employed Self Employed	Employed Self Employed
	Retired Not employed	Retired Not employed
Occupation (including role, e.g. Director and sector, e.g. Accountancy. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited occupations as confirmed on our Source of Funds and Source of Wealth guidelines)	<input type="text"/>	<input type="text"/>
Name of employer or your own company	<input type="text"/>	<input type="text"/>
Address of employer or your own company	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Employer or own company phone number	<input type="text"/>	<input type="text"/>
Employer or own company e-mail address	<input type="text"/>	<input type="text"/>
Website address of employer or your own company (if any)	<input type="text"/>	<input type="text"/>
Last year's gross salary/income amount	<input type="text"/>	<input type="text"/>
Currency (✓)	S\$ £ US\$ €	S\$ £ US\$ €
	Other (state currency) <input type="text"/>	Other (state currency) <input type="text"/>

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Last year's bonus amount
(if applicable)

If you receive income from
another source, please provide
full details here (e.g. dividend,
investment, rental income
including their nature and
source)

B2 CORPORATE/CORPORATE TRUSTEE APPLICANT

In this section, please give details of the corporate applicant.

CORPORATE APPLICANT

Please tick (✓)

Private company

Public company

Other

Company name

Contact person

Country of registration

Date of incorporation

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Registered office address
(This information must be
provided in full. We are unable
to accept PO Boxes and 'care of'
addresses)

Postcode

Correspondence
address (if left blank we will
use the registered address for
correspondence)

Postcode

Utmost International accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost International reserves the right to send correspondence to a registered address where regulations prevent it being sent to a third party.

Telephone number including
area code (daytime)

E-mail address
(Please note each person must
have a unique email address)

Corporate website address

Please state the
company's main business
(for example manufacturing or
trading company)

AUTHORISED SIGNATORIES

Please confirm the minimum number of authorised signatories for the company needed to give instructions

The company directors/authorised signatories of the company must complete and sign the declaration in section K.

► **Additional documents are needed to evidence the identities of at least two directors, one of whom must be an executive director of the company.**

B3 DETAILS OF THE TRUST - THIS SECTION APPLIES TO TRUSTEE APPLICANTS

In this section, please give the following details: the name of the trust (for example, 'the Mary Jones Policy Trust dated 1 April 1990', 'the John Brown Will Trust') and the date the trust was created on.

The trust name is:

The trust was created on:

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Trust details:

► Please explain the reason for establishing the trust, the type of trust it is and detail the source of the trust assets and the country of origin.

B4 BENEFICIAL OWNERSHIP

A "Beneficial Owner" as defined in MAS Notice 314, on Prevention of Money Laundering and Countering the Financing of Terrorism - Life Insurers, means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

Are you the ultimate beneficial owner of the Policy (✓)

Yes

No

If "No", please provide details of the beneficial owner(s) below and provide valid proof of identity for each beneficial owner.

Please note that the following is NOT a nomination of beneficiary(ies) under the Policy.

Name (as shown in NRIC/Passport/ FIN)

NRIC/Passport/ FIN No.

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Relationship to the Policyholder

Gender (M/F)

Residency status
(Singaporean/Singapore PR/
Pass holder/Other)

Nationality (if not Singaporean)

If there are two or more beneficial owners photocopy this page and attach securely to this form.

B5 POLITICALLY EXPOSED PERSON - THIS SECTION APPLIES TO ALL APPLICANT TYPES

If the applicant(s) or any other party connected to this application either now or in the past/future could be classed as a politically exposed person (PEP), or connected with a PEP, please provide details.

A politically exposed person is someone holding an important public position, or a person clearly related to them. Examples of these are:

- › Heads of State of Government
- › Senior politicians
- › Senior Government officials
- › Judicial or military officials
- › Senior executives of publicly owned corporations
- › Important political officials

► **Additional documents are needed to evidence your identity - proof of identity and proof of residence**

If a client is a PEP, or is linked to a PEP, Source of Funds evidence must be provided with the application and funding must come from the applicant's bank account. Due to the increased risk of accepting business from PEPs and the specific regulatory requirements relating to them, Utmost International will require Source of Wealth information which can be provided using the Source of Wealth Questionnaire, and may also require Source of Wealth evidence.

C DETAILS OF ANY ADDITIONAL LIFE/LIVES ASSURED (IF DIFFERENT FROM APPLICANT(S))

Please note you do not need to complete this section if the applicant(s) is/are going to be the only life/lives assured. The maximum age for a life assured is 89.

If there are any further lives assured, please photocopy this page, attach the details with this application form and tick here (✓)

► If additional pages are added, each separate page must be initialled by all applicants.

There must be an insurable interest between the applicant and the life assured where the applicant would suffer loss in the event of the death of the life assured.

	First additional life assured (if any)	Second additional life assured (if any)
Title (✓)	Mr Mrs Miss Other <input type="text"/>	Mr Mrs Miss Other <input type="text"/>
Full forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Sex (✓)	Male Female	Male Female
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residential address (where the life assured is currently living, we do not accept PO Box or C/O addresses)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country of residence	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Dual nationality (if applicable)	<input type="text"/>	<input type="text"/>
NRIC/FIN number	<input type="text"/>	<input type="text"/>
Relationship to applicant	<input type="text"/>	<input type="text"/>

D SOURCE OF FUNDS

This section must be completed in all instances.

BANK ACCOUNT OF WHERE FUNDS ARE BEING REMITTED FROM

If this is an application for a new investment, this section must be completed in full in all instances.

For additional investment, if the source of funding is the same as the last application, please tick here and indicate the payment amount and currency only. (✓)

► The premium payment must come from an account held in the name of the applicant(s), company or trust.

► If you are making multiple payments, please photocopy this page, attach the details and the reason why multiple payments are being made with this application form and tick here (✓)

Payment amount	<input type="text"/>	Payment currency	<input type="text"/>
Bank account holder (name as stated on bank account)	<input type="text"/>		
Bank account number/IBAN	<input type="text"/>		
Sort code (If applicable)	<input type="text"/> - <input type="text"/> - <input type="text"/>		
SWIFT or BIC code (If applicable)	<input type="text"/>		
Bank name	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>		
How long have you held this account?	<input type="text"/>	years	<input type="text"/>
			months

› Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.

› Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International Bank Account Number (IBAN).

E INVESTMENT DETAILS

Please refer to page 34 of this application form for bank details and payment methods.

PREMIUM PAYMENT

Please confirm the total amount to be invested below. If the investments are in multiple payment methods and in different currencies, please state the total in chosen Policy currency at the latest applicable exchange rates.

Currency (✓) ☐ S\$ ☐ US\$ ☐ € ☐ £ ☐ Other (state currency)

Total anticipated investment amount
(Minimum initial investment: S\$200,000/ US\$150,000/ €150,000/ £100,000 or currency equivalent)
(Minimum additional investment: S\$10,000/ US\$7,500/ €7,500/ £5,000 or currency equivalent)

Amount

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Payment method (✓)

Electronic bank transfer

Asset transfer

- ▶ The premium payment must come from an account in the name of the applicant(s)/company/trust.
- ▶ Please remember to enclose a copy of receipt of your electronic bank transfer payment with this application form.

REPLACEMENT OF LIFE POLICIES

Is this policy to replace or intended to replace any insurance(s) or other Designated Investment Product(s), such as a unit trust or life policy, held with another financial institution including insurance companies and banks?

Yes

No

If 'Yes' please provide the following details;

- › Name of existing policy/product (to be replaced) and the relevant financial institution.
- › Reason for replacement policy.
- › Surrender penalty incurred.
- › Length of time the existing policy/product held.

WARNING

It is usually disadvantageous to replace existing life insurance policies or investments with a new one. Some of the disadvantages include:

- You may incur transaction costs without gaining any real benefit from the switch.
- The new investment product may offer a lower level of benefit at a higher cost or the same cost, or offer the same level of benefits at a higher cost.
- You may incur penalties for terminating the existing investment product.
- The new investment product may be less suitable for you.

In your interest, we would advise that you consult your financial adviser representative before making a final decision.

If you sent in a premium with the application, we will offer you a refund of the premium in the event that you were not aware of the disadvantages of replacing one policy with another and do not wish to proceed with the application.

DECLARATION

Before making a final decision to proceed with this application, I confirm that I have consulted my financial adviser representative who has made me aware of the disadvantages of replacing my old life Policy with a new one and I am happy to proceed with this application.

Signature of applicant(s) (If two applicants, both must sign. If there are more than two applicants, please continue on a separate sheet.)

SIGNATURE

Applicant 1

Full name

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Applicant 2

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

F SOURCE OF FUNDS**ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED**

Utmost International is required to record details of how the funds being invested have been accumulated.

Where your funds come from more than one source, you should complete all relevant sections to give us the full picture of its origin.

Documentary evidence requirements:

If **all** of the following apply:

- › you are resident in; **and**
- › you are funding from; **and**
- › your financial adviser is regulated in,

Isle of Man, Jersey, Guernsey, Hong Kong, United Kingdom, Singapore or Sweden, the threshold for requiring supporting documentary evidence is GBP 2,000,000.00 of total premiums paid to date to Utmost International.

Where the above doesn't apply, your financial adviser will tell you if additional documentary evidence is required by referring to our **Source of Funds and Source of Wealth Guidelines** (the Utmost International Isle of Man Limited version).

a. Accumulated Earned income (including salary, bonus and fees)

Total amount received	Currency	<input type="text"/>	Amount	<input type="text"/>
Number of years income accumulated	<input type="text"/> <input type="text"/>	years		
Institution holding the funds	<input type="text"/>			
Name of account where funds have been held	<input type="text"/>			
Account number	<input type="text"/>			
Length of time funds have been in this account	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>	months
Nature of business	<input type="text"/>			
Main occupation during the accumulation period (e.g. Director. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited documents as confirmed on our Source of Wealth and Source of Funds Guidelines)	<input type="text"/>			
Main employer's name	<input type="text"/>			
Employer's address	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Average annual salary over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>
Average annual bonus over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Last three month's payslips; **or**
- › Three months of account statements showing declared income being credited; **or**
- › Letter on headed paper from employer confirming last year's annualised earned income; and, where applicable, bonus payment **or**
- › Tax statement e.g. P60 for the UK, IRAS for Singapore etc.; **or**
- › Copy of latest accounts if self-employed

b. Compensation

Name of organisation or individual that paid compensation	<input type="text"/>	
Reason for compensation	<input type="text"/>	
Country compensation was awarded	<input type="text"/>	
Total amount received	Currency <input type="text"/>	Amount <input type="text"/>
Date of received	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Letter on company headed paper or court order from compensating body validating the information in the application form; **or**,
- › Signed letter on company headed paper from solicitor/ lawyer handling the compensation validating the information in the application form

c. Competition win

Name of competition organiser	<input type="text"/>	
Description of competition	<input type="text"/>	
Country competition was held in	<input type="text"/>	
Total amount won	Currency <input type="text"/>	Amount <input type="text"/>
Date of win	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › A signed letter from the organisation providing the proceeds of the win on letter-headed paper confirming name of winner, date of win and value of winnings; **or**
- › Bank statement showing deposit of winnings in clients name and referencing the organisation providing the proceeds of the win; **or**
- › Media coverage of the win showing name of winner, date of win and value of winnings

d. Gift

Full name of person who gave the gift	<input type="text"/>
Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Nationality	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Relationship to applicant	<input type="text"/>
Reason for gift	<input type="text"/>
Description of gift	<input type="text"/> <input type="text"/>
Total amount received	Currency <input type="text"/> Amount <input type="text"/>
Date received	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copies of **all** of the following:

- › A valid identification documentation for the donor (even if it is not coming from their account); **and**
- › Letter from the donor explaining the reason for the gift and source of funds behind the gift; **and**
- › Documentary evidence as to the donor's source of wealth as set out in the Source of Funds and Source of Wealth Guidelines

e. Inheritance

Deceased's full name	<input type="text"/>
Relationship to applicant	<input type="text"/>
Date of death	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Details of the inheritance Tell us about the assets forming the inheritance (eg. cash, property, shares etc.)	<input type="text"/> <input type="text"/>
Amount received	Currency <input type="text"/> Amount <input type="text"/>
Date received	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Solicitor/lawyer's (who dealt with the estate) name	<input type="text"/>
Solicitor/lawyer's firm name	<input type="text"/>
Solicitor/lawyer's firm address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Grant of probate (with a copy of the will) which must include the value of the estate; **or**
- › The will relating to the inheritance; **or**
- › A signed letter from the regulated solicitor dealing with the estate on letter-headed paper confirming the information supplied in this application

f. Loan

Name of loan provider	<input type="text"/>									
Address of loan provider	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	Postcode	<input type="text"/>								
Total amount borrowed	Currency <input type="text"/>	Amount <input type="text"/>								
Date of loan	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>		d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y			

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › A signed letter from the lender on letter-headed paper confirming the name of borrower, amount of loan and date of draw-down; **or**,
- › A loan statement confirming the details provided in this form

g. Maturing policy/policy claim/replacement policy

If the source of funds is the sale of an investment rather than maturity, please complete h instead.

Name of policy provider	<input type="text"/>					
Address of policy provider	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	Postcode	<input type="text"/>				
Policyholder's full name	<input type="text"/>					
Length of time policy held	<table><tr><td></td><td></td></tr></table> years			<table><tr><td></td><td></td></tr></table> months		

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Letter on company headed paper from previous product provider regarding notification of proceeds of claim under the policy; **or**
- › Closing statement from previous product provider

If the investment/policy being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the investment/policy. Please complete an additional relevant section to confirm this.

Reason for policy claim or replacement policy (if applicable)	<input type="text"/>									
Total amount received	Currency <input type="text"/>	Amount <input type="text"/>								
Surrender penalty (if applicable)	<input type="text"/>									
Date received	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>		d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y			

h. Sale of asset portfolio or investment

If the source of funds is a maturing investment rather than one that you are choosing to sell, please complete g instead.

Description of asset portfolio or investment (i.e. government bonds, equities etc.)	<input type="text"/>		
Name of the company that held it	<input type="text"/>		
Registered address of company	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Account name	<input type="text"/>		
Length of time asset portfolio or investment held	<input type="text"/>	<input type="text"/>	years <input type="text"/>
	<input type="text"/>	<input type="text"/>	months <input type="text"/>
<p>▶ If the portfolio/investment being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the portfolio/investment. Please complete an additional relevant section to confirm this.</p>			
Date of sale	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net amount received	Currency	<input type="text"/>	Amount <input type="text"/>

▶ If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of one of the following:

- › Legal sale document; **or**
- › Copy of contract note

i. Sale of interest in company

Company name	<input type="text"/>		
Business sector	<input type="text"/>		
Address of company	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Your connection with the company For example: owner, partner or shareholder	<input type="text"/>		
Date of sale	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sale amount	Currency	<input type="text"/>	Amount <input type="text"/>
Net amount received	Currency	<input type="text"/>	Amount <input type="text"/>
The amount you have received after any deductions such as fees and taxes.			

▶ If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Signed letter on company headed paper from solicitor/ lawyer validating the information confirmed in this section of the application form; **or**,
- › Signed letter on company headed paper from regulated accountant validating the information in this section of the application form; **or**,
- › Copy of contract of sale and bank statement in the name of the client showing payment of the proceeds into an account in the name of the applicant; **or**,
- › Copies of media coverage of the sale (if applicable) as supporting evidence that the information is in this section of this application form

j. Sale of property

If you are not the beneficial owner of this property, please select a different option for source of funds that is more appropriate

Address of property sold
(including postcode if applicable)

Postcode

Length of time property owned years months

► If the property being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the property. Please complete an additional relevant section to confirm this.

Date of sale

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Total sale amount Currency Amount

Net amount applicant received from sale Currency Amount

► If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Signed letter on headed paper from solicitor; or lawyer handling the sale or from regulated accountant; **or**
- › Signed letter on headed paper from estate agent (if applicable); **or**
- › Copy of contract of sale detailing the details included in the application form

k. Other

Description of the activity that generated the funds

Role in relation to above activities

Period over which the activities occurred

Country in which the activity occurred

Date received

<input type="text"/>	<input type="text"/>	years	<input type="text"/>	<input type="text"/>	months
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Proceeds received from the activity

Currency	<input type="text"/>	Amount	<input type="text"/>
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► If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Appropriate, independent supporting documentation which validates the information provided in this section of the application form; **or**,
- › Signed letter from a person with personal knowledge of the activities described and in a position subject to anti-money laundering regulation, for example a regulated accountant or lawyer

G REQUEST FOR UTMOST INTERNATIONAL TO APPOINT A DISCRETIONARY ASSET MANAGER

Discretionary Asset Manager name		
Discretionary Asset Manager's firm name		
and registered address:		
	Country	Postcode
Discretionary Asset Manager's Regulatory Authority name		Licence number

Discretionary Asset Manager charge

Please enter the Discretionary Asset Manager charge that your financial adviser representative has explained will apply to your Executive Investment Account – Discretionary.

The charges for this service (inclusive of VAT or other applicable tax, if any) are as follows:

% per year of the value of the portfolio fund to be taken quarterly.

The charge detailed above is paid by Utmot International. This charge will be reflected as a portfolio fund charge known as the Discretionary Asset Manager charge. This charge will be deducted in the Policy currency and paid quarterly. Please refer to your Policy Terms for further information on the Discretionary Asset Manager charge.

Investment Mandate

An Investment Mandate can be found on pages 30-33 of this application form and it must be completed. The Investment Mandate provides details of the aims, objectives and risk tolerance as well as anticipated time horizon to help the Discretionary Asset Manager provide and implement a suitable long-term investment strategy.

H REGULAR WITHDRAWALS (OPTIONAL)

If you would like to receive regular withdrawals from your Policy, please complete the 'Portfolio Bond Withdrawal/Closure form' which is available from your financial adviser representative.

I NUMBER OF POLICIES

NEW CONTRACTS ONLY

Please enter the number of policies you would like:

The number of policies cannot be changed after the policy is set up.

- ▶ We normally issue 240 policy schedules per contract. If you require a different number of policies, please insert the number required.
- › The minimum initial investment amount for each individual policy is S\$800, US\$600, €600, £400 or currency equivalent.
- › If you choose a number of policies which results in less than S\$800, US\$600, €600, £400 or currency equivalent per policy, we will automatically reduce the number of policies to a level where a minimum of S\$800, US\$600, €600, £400 or currency equivalent per policy is achieved.

J UTMOST INTERNATIONAL CHARGES

► **Before completing this section, please ask your financial adviser representative for a copy of the charging structure details recommended to you.**

The charging structure for your bond is based upon the reference code provided on your application; this will dictate the level, term and type of charges that apply and these will be confirmed to you in your policy documents. These charges will include our administration costs together with those incurred in making any initial commission payment to your financial adviser representative.

If you have agreed to pay your financial adviser representative an ongoing commission payment (referred to as fund-based commission) then this will be reflected in the deduction of an additional Ongoing Service Charge equivalent to the amount paid.

Please enter the code for the Utmost International charge package that your financial adviser representative has explained will apply to your Executive Investment Account - Discretionary. The appropriate Utmost International charging code should be used. Failure to provide the right code could result in the incorrect package being applied and/or delays.

Please enter the premium allocation percentage for this policy

 %

Please enter fund-based commission (if applicable)

 %

K DECLARATION AND APPLICATION

DATA PRIVACY STATEMENT

I understand that Utmost Services Limited, Utmost International Business Services Limited, Utmost Services Ireland Limited, Utmost Administration Limited, Utmost International Isle of Man Limited, Utmost International Trustee Solutions Limited and / or Utmost PanEurope (Utmost International) will process personal information about me and any other party whose personal information I have provided.

The type of personal information processed about me will depend on the purpose for which it has been collected and will include:

- › my contact details
- › information to verify my identity
- › information about my family, lifestyle, health and finances
- › my payment details.

The processing of my personal information may take place in a number of jurisdictions and may be shared with other parties within or outside the Utmost group of companies for the general purpose of establishing, maintaining and servicing an insurance policy. The sharing of my personal data may be used for any or all of the following purposes, to:

- › check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, sanctions listing or fraud;
- › allow for the provision of services relating to enhanced due diligence, underwriting, reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided from time to time;
- › enable an appointed financial adviser or fund adviser to assist in the provision of services to the policyholder;
- › compile statistical analysis or market research, where information is not specific to the individual;
- › comply with any legal obligation which includes the releasing of personal information to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so, including the sharing of information under regulations relating to the U.S Foreign Account Tax Compliance Act and The Organisation for Economic Co-operation and Development Common Reporting Standards;
- › enable an appointed discretionary asset manager or custodian to meet their legal or regulatory requirements, where that discretionary asset manager or custodian providing services in relation to a policy requests the personal data of an individual linked to an application, and where we are satisfied that such a discretionary asset manager or custodian has a legal or regulatory requirement to make such a request.

Where my personal information is shared with a third party for the provision of services relating to my policy, my personal information will only be used for the purposes for which it was collected. In some circumstances this may involve a transfer of my personal information to a third party outside the European Economic Area (EEA). Whenever my personal information is shared it will be subject to the same levels of security and protection that Utmost International would apply.

I may ask Utmost International to:

- › provide a copy of personal information held about me and an explanation of how this data is processed;
- › update or correct my personal information;
- › delete information about me (where it is no longer necessary in relation to the purpose for which it was originally collected);
- › restrict processing of my personal information where appropriate. I may also object to Utmost International processing my data but understand that this may have consequences in Utmost International being able to continue servicing my policy.

I have been made aware that a full explanation of how Utmost International collects, uses and shares my personal information can be found at www.utmostinternational.com/privacy-statements/

If I have any questions about data privacy I can address these to:

For Utmost PanEurope: The Data Protection Officer, Utmost PanEurope, Navan Business Park, Athlumney, Co Meath, C15 CCW8, Ireland.

Or email: dataprotection@utmost.ie

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Data Protection Officer, Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, British Isles, IM99 1NU.

Or email: IOM.DPO@Utmostinternational.com

If I have a complaint about the processing of my personal information and Utmost International is unable to provide a satisfactory response I may contact the appropriate regulator:

For Utmost PanEurope: The Ireland Data Protection Commissioner, Canal House, Station Road, Portarlington, R32 AP23 Co. Laois, Ireland.

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Isle of Man Information Commissioner, First Floor, Prospect Hill, Douglas, Isle of Man, British Isles, IM1 1ET.

As the Isle of Man is not part of the United Kingdom, our Appointed Representative in the United Kingdom is an establishment of Utmost Services Limited based at Saddlers House, 5th Floor, 44 Gutter Lane, London, EC2V 6BR.

I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided by me to Utmost International either in this application or within accompanying documentation.

WARNING

Please read the declaration carefully. Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Executive Investment Account - Discretionary. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that Utmost International can assess its possible significance. If you become aware of such a fact while Utmost International is considering your application, you should notify Utmost International immediately.

You should satisfy yourself under any taxation, exchange control or insurance law to which you may be subject that you are able to effect the proposed contract. You are responsible for any tax reporting and liability in relation to your Policy required by the relevant tax authorities. Your country of residence could vary how your Policy is taxed, and you should seek professional tax advice before moving to a new country.

DECLARATION - TO EACH APPLICANT

A copy of this completed application form is available on request.

References to the word 'I' in this declaration refer to:

1. Each applicant named in this application where they are individuals or individuals acting as trustees in relation to a trust; or
2. Each director/authorised signatory on behalf of the company where the applicant is a company, including where the applicant is a trust company.

APPOINTING A DISCRETIONARY ASSET MANAGER

1. These Discretionary Asset Manager, Investment Mandate and Executive Investment Account - Discretionary declarations are made by each applicant for individual applicants, the trustees jointly for a trustee applicant, or authorised signatory on behalf of a corporate applicant.
2. I hereby request that the Discretionary Asset Manager be appointed by Utmost International to manage the composition of the assets/investments of the portfolio fund in respect of my policy.
3. I understand that the management of the portfolio fund shall be at the discretion of the Discretionary Asset Manager and they may utilise their preferred sub custodian to hold the assets.
4. I understand that the Discretionary Asset Manager charges detailed in this application will be paid by Utmost International. I understand that these charges will be recouped as a portfolio fund charge known as the Discretionary Asset Manager charge and that this charge will be deducted in the policy currency and paid quarterly.
5. I understand that I or any person acting on my behalf will have no influence over the selection of assets chosen by the Discretionary Asset Manager.

INVESTMENT MANDATE

1. The Investment Mandate completed by me on pages 30-33 of this application form provides details of the aims, objectives and risk tolerance as well as the anticipated time horizon to help the Discretionary Asset Manager provide and implement a suitable long-term investment strategy.
2. I confirm that all the information in the Investment Mandate Form is accurate, complete, can be relied upon and that my investment objectives are set out in the Investment Mandate.
3. I understand that I must inform Utmost International if the Investment Mandate changes. I understand that Utmost International can accept no responsibility for the effects of any delay or failure to inform them of any such change. I also understand that only three changes can be made to the Investment Mandate in any 12 month period.
4. I request that Utmost International agrees for the Discretionary Asset Manager to send reports to me which cover the investments that they hold. I understand that it will not contain the full valuation of the Executive Investment Account - Discretionary as this is only provided by Utmost International.
5. I understand that the Discretionary Asset Manager may use expressions in their Investment Mandate which suggest that they are providing investment management services to me because it is easier to understand. I understand that no provision in the Investment Mandate will operate to cause the Executive Investment Account - Discretionary to be regarded as a Personal Portfolio Bond or for me to have a legal or beneficial interest in any of the assets of the Executive Investment Account - Discretionary or for me to have a contractual relationship with the Discretionary Asset Manager.
6. **I confirm that I have received a copy of the Policy Terms (in particular the asset restrictions) and had the opportunity of reading them before completing this application form.**

DECLARATION APPLICABLE TO ALL APPLICANTS

1. I understand that Utmost International has designated this Policy as suitable only for Professional Investors as defined by Utmost International in the Policy Terms.
2. I confirm that I meet the definition of a Professional Investor. I understand that Utmost International will rely solely on my confirmation, as part of their application acceptance criteria, that I meet the definition of a Professional Investor.
3. I understand that the Policy allows investment into various types of assets and some of these assets are only suitable for Professional Investors. I accept the level of risk associated with these assets including the risk that the investment into such an asset:
 - a. could provide a lower degree of investor protection and regulatory safeguards; and
 - b. could result in a loss of significant proportion of some or all of the sums invested; and
 - c. may have a minimum duration, impose significant redemption penalties or are illiquid.
4. I understand that if I consider myself to be a Retail Investor in the future, Utmost International will not restrict the choice of assets available under the Policy. I also understand that it will be my responsibility to complete a new Investment Mandate and send this to Utmost International.
5. I understand and agree that the contract I am applying to enter with Utmost International will be subject to the laws of Singapore and the Policy Terms will be in the English language.

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY
APPLICATION FORM - NEW BUSINESS AND TOP-UP

6. a. If a policy number is not shown in section A of this form, I request that the amount shown in section E be invested as an initial premium for policies comprising an Utmost International Executive Investment Account - Discretionary, and request Utmost International to issue the policies in
- i. my name, jointly with the other applicants, if any;
 - ii. in the name of the company, if applicable; or
 - iii. in the name of the trust, if applicable.
- b. I request that the amount shown in section E be invested as an additional premium for the policies currently in force bearing policy numbers consisting of the policy number, as shown in section A of this form.
7. I declare that to the best of my knowledge and belief, the statements made in this application, and any related documents, are true and complete and that I have not concealed any material fact. I agree to provide Utmost International with any further information in respect of the Application on request.
8. Where this application is for an Executive Investment Account - Discretionary, I confirm that each life assured (or parent where parental consent is required) consents to this application and agrees to my acting on their behalf for the purposes of the information provided in this application. Furthermore, I confirm that there is insurable interest between the applicant(s) and Life Assured.
9. I confirm that I am not a resident in the United States of America or any of its territories. Where the applicant is a corporation/trust company, the corporation/trust company is not incorporated in the United States of America or its territories.
10. If I become resident, or where the applicant is a corporation/trust company, the corporation/trust company becomes incorporated in the United States of America or its territories, I understand that Utmost International will not accept any further premiums until after I cease to be a resident of the United States of America or its territories, or the corporation/trust company, ceases to be incorporated in the United States of America or its territories.
11. I confirm that I have received a copy of the Executive Investment Account - Discretionary product brochure, product summary, confirmation of charges, Policy Terms and Your Guide To Life Insurance, and I have had the opportunity to read them when completing this application form.
12. I confirm that the premium for this Policy has not been sourced from my Central Provident Fund (CPF) account.
13. I am aware of the charges payable on the Executive Investment Account - Discretionary, including the charges payable in respect of the assets which may be held within it. I understand that the charges exist partly to meet advice, promotion and distribution expenses. These may include initial and ongoing payments (such as commission) made by Utmost International to my financial adviser representative. These payments could be in addition to any commission payable by the asset provider to the financial adviser representative in respect of the assets held.
14. I understand that in cases where the asset(s) the Discretionary Asset Manager has selected is/are not redeemable for a certain period of time, you may not be able to return that part of my payment until the end of that period. The description of the funds and/or assets the Discretionary Asset Manager has chosen will give details if this applies. The Discretionary Asset Manager may invest immediately into non daily dealing funds and I understand that in the event of cancellation or requiring early access:
- a. I may not get back immediately and payment may be delayed for some time;
 - b. the institution may impose penalties and therefore I may get back less than I invested, and/or
 - c. the only way in which to receive value may be through a transfer of the ownership of that asset into the name of the Policyholder.
15. I appoint the financial adviser representative specified on page 2 of my application form to act on my behalf in accordance with the Policy Terms.
16. I understand that the original copy of this application form and relevant documents must be delivered by post or courier to Utmost International Isle of Man Limited Singapore Branch - 6 Battery Road #16-02, Singapore 049909.
17. I confirm that Utmost International has not provided any investment advice and I understand that the Discretionary Asset Manager appointed by Utmost International is responsible for the selection of assets linked to my Executive Investment Account - Discretionary. I acknowledge that Utmost International and the Discretionary Asset Manager are not responsible for the investment performance of any asset. The provider of the underlying assets is responsible for the management of any assets. Utmost International is responsible for carrying out a treasury function in respect of the Transaction Account held with Utmost International and Utmost International does not recommend any asset as a suitable investment.
18. The premium shown in section E (Investment details) and any other premium tendered in respect of this application is derived solely from the source of funds shown in section F and has, where required, been declared to the relevant tax authority in my country of residence for taxation.

19. The application for an Utmost International policy is not being made for the purpose of concealing funds, assets or wealth with a view to the evasion of any taxes I am obliged to pay.
20. I understand that I can access monthly statements and valuations from Wealth Interactive, our online service (www.utmostinternational.com).

NOTE

If you are not registered for Wealth Interactive we will send you monthly valuations unless you prefer not to receive them monthly, in which case we will send you a quarterly valuation.

Would you prefer to be sent monthly valuation statements? Yes No

ADDITIONAL DECLARATIONS APPLICABLE TO CORPORATE APPLICANTS:

21. I, as director of the company, confirm the investment into Executive Investment Account - Discretionary is within the powers available to me as director of the company.
22. I confirm that the company has not been or is not in the process of being dissolved, struck off, wound-up or terminated.
23. I confirm that the company shares are not held in bearer form and will not be converted to bearer share form.
24. I confirm that the investment into an Executive Investment Account - Discretionary is within the investment powers available to us as trustee of the trust.
25. For a corporate trustee application, I confirm that the trust company has not been, or is not in the process of being, dissolved, struck off, wound up or terminated.
26. For a corporate trustee application, I confirm that the company shares are not held in bearer form and will not be converted to bearer share form.

SINGAPORE RESIDENCY DECLARATION

This is a requirement by Monetary Authority of Singapore (MAS). Please tick the relevant box below.

- | | Applicant 1 | Applicant 2
(if any) | Life assured 1 | Life assured 2
(if any) |
|--|-------------|-------------------------|----------------|----------------------------|
| 1. I am " <u>ordinarily resident</u> " in Singapore under the following conditions: | | | | |
| a. citizen of Singapore, as I have not resided outside Singapore continuously for five or more years and/or I am currently residing in Singapore, or | | | | |
| b. permanent resident or work pass/permit holder, as I have not resided in Singapore for less than a total of 183 days in the last 12 months, or | | | | |
| c. hold a pass or permit issued under the Immigration Act (Cap. 33) that has a duration longer than 90 days and have resided in Singapore continuously for at least 90 days during the last 12 months. | | | | |
| 2. I am not " <u>ordinarily resident</u> " as per criteria in Q1 but hold Singapore citizenship or relevant pass issued by the Immigration of Checkpoints Authority of Singapore (ICA). | | | | |
| a. I will provide evidence to support non-residency as per above conditions such as employment letter. | | | | |
| b. I will not provide evidence to support non-residency as per above conditions. I therefore consent to be considered an "ordinarily resident" of Singapore. | | | | |
| 3. I am not " <u>ordinarily resident</u> " as per criteria in Q1 and do not hold Singapore citizenship or relevant pass issued by the Immigration of Checkpoints Authority of Singapore (ICA). | | | | |

Please note if one person is considered as an "ordinary resident" then the policy is considered to be a Singapore resident policy, even if the other policyholder(s)/life assured are not.

ACCREDITED INVESTOR DECLARATION

Please tick where applicable.

I/We confirm that I am/we are an Accredited Investor as defined in the Securities and Futures Act (Cap 289) and amending regulations as being either an **Individual**:

- › whose net personal assets are at least S\$2 million or equivalent in a foreign currency and the net equity of my primary residence contributes no more than S\$1 million towards my/our S\$2 million net personal assets; or
- › whose annual income in the last 12 months is at least S\$300,000 or equivalent in a foreign currency; or
- › whose financial assets (net of any related liabilities) are at least S\$1 million

I/We confirm that my/our financial adviser representative has explained and I/we understand the implications of being treated as an Accredited Investor and I/we consent to being treated as such. (✓)

I/We confirm that I am/we are an Accredited Investor as defined in the Securities and Futures Act (Cap.289) and amending regulations as being a **Corporation** with net assets at least S\$10,000,000 in value (or equivalent in a foreign currency) as determined by the most recent audited balance sheet of the corporation or where the corporation is not required to prepare audited accounts regularly, a balance sheet of the corporation certified by the corporation as giving a true and fair view of the state of affairs of the corporation as of the date of the balance sheet, which is a date within the preceding 12 months). (✓)

I/We confirm that I am/we are an Accredited Investor as defined in the Securities and Futures Act (Cap.289) and amending regulations as being a **Trustee** of such trust as MAS may prescribe, when acting in the capacity of Trustee. (✓)

Please enter the country in which this application form was completed.

Did you or an authorised signatory complete this application form? (✓) Yes No

If No, did a third party, such as your financial adviser representative, complete it on your behalf? (✓) Yes No

By signing this declaration you confirm that you have read through the above declaration and, if a third party has completed the application form on your behalf, that all the information provided in it is correct.

SIGNATURE	Applicant 1/Authorised signatory 1/ Trustee 1 <input style="width: 100%; height: 50px;" type="text"/>	Applicant 2/Authorised signatory 2/ Trustee 2 <input style="width: 100%; height: 50px;" type="text"/>																
Date	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
SIGNATURE	Applicant 3/Authorised signatory 3/ Trustee 3 <input style="width: 100%; height: 50px;" type="text"/>	Applicant 4/Authorised signatory 4/ Trustee 4 <input style="width: 100%; height: 50px;" type="text"/>																
Date	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											

Copies of the Policy Terms and/or this completed application are available on request.

**L1 VERIFICATION OF CUSTOMER IDENTITY - FINANCIAL ADVISER REPRESENTATIVE/
SUITABLE CERTIFIER TO COMPLETE - THIS SECTION APPLIES TO ALL APPLICANT TYPES**

► Please note that we will not be able to issue the policy until you have provided the necessary identification documentation and completed this section.

We require one document from part A and one from part B. If neither document in part A is available, please provide the reason why and provide two formal documents showing appropriate personal details and verifiable reference numbers from part B.

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY
APPLICATION FORM - NEW BUSINESS AND TOP-UP

When certifying copies of original documents, the suitable certifier must provide the following:

- › a statement to the effect that "This document is hereby certified as a true copy of the original"
- › his/her full name and signature
- › his/her company name and position within the company
- › the date of certification

Identification documentation should be current and valid. Evidence of address should be the latest available, but no more than six months old.

► **Please tick (✓) to indicate the identification you have supplied for each individual party to the policy.**

PART A INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

1. Name	<input type="text"/>	
Capacity	<input type="text"/>	
Type of document	Passport	National identity card
Document reference	<input type="text"/>	
2. Name	<input type="text"/>	
Capacity	<input type="text"/>	
Type of document	Passport	National identity card
Document reference	<input type="text"/>	

PART A REASON WHY DOCUMENT(S) ARE NOT PROVIDED (IF APPLICABLE)

PART B PROOF OF RESIDENCE - INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

These must be less than six months old	1	2
1. A recent utility, rates or council tax bill (mobile/call phone bills not acceptable)		
2. A recent mortgage statement, giving the residential address		
3. An extract from the official register of electors		
4. A state pension, benefit or other government produced document showing benefit entitlement		
5. A recent tax assessment document		
6. A recent account statement from bank or credit card (store cards not acceptable)		
7. Proof of ownership or rental of the residential address		

If there are more than two applicants, please photocopy **section L1**, attach the details with this application form and tick here (✓)

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY
APPLICATION FORM - NEW BUSINESS AND TOP-UP

► If additional pages are added, each separate page must be initialled by all applicants.

Please contact us if you are unable to supply any of the above mentioned documents.

FINANCIAL CRIME - RISK RATING

► Please refer to the Source of Funds and Source of Wealth guidelines (available from Utmost International) for information on how to complete the table below.

To prevent financial crime, Isle of Man authorised life companies may adopt a 'risk-based approach' when obtaining evidence of the source of a client's wealth. In order to speed up the application process we have provided you with the table below to allow you to find out your client's risk rating before submitting the application form to us. **We highly recommend that you complete the risk rating as it allows you to determine if you need to enclose further documentary evidence with the application form or not. If we do not receive the necessary documentary evidence with the application form, then it will take longer to process the business.**

In order to decide what risk rating applies to your client's investment you need to take into account the following factors:

- a. your client's country of residence
- b. which country the premium is paid from

(a) + (b) = total risk rating

APPLICANT	CLIENT COUNTRY OF RESIDENCE (A)	COUNTRY OF PREMIUM FUNDING (B)	TOTAL RISK RATING
Example	Singapore (1)	Singapore (2)	2

Utmost International reserves the right to request further documentation if it is felt appropriate. Please note that each new application or application for an additional investment will be updated individually. If additional pages are added, each separate page must be initialled by all applicants. Please contact us if you are unable to supply any of the above-mentioned documents

L2 VERIFICATION OF CUSTOMER IDENTITY - FINANCIAL ADVISER REPRESENTATIVE/
SUITABLE CERTIFIER TO COMPLETE ADDITIONAL INFORMATION FOR NON
CORPORATE TRUSTEE APPLICANTS

Enclosed (✓)

1. Verification of the identity and address of all individual trustees.
2. Verification of the identity and address of the protector (if any).
3. Evidence of the appointment of trustees (for example a certified copy of an extract from the trust deed, but not the whole deed) if the application is in respect of an existing trust.
4. The trustees (settlor(s) where policies to be settled into trust) should provide the name, current residential address and date of birth or death for all the parties to the trust, for example settlor/donor, protector, beneficiaries. If the beneficiaries are not named you must provide the class of beneficiaries, for example grandchildren.

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY
APPLICATION FORM - NEW BUSINESS AND TOP-UP

Capacity (✓)

Settlor/Donor

Protector

Beneficiary

Name

Date of birth or death

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Birth

Death

Residential Address

Postcode

Capacity (✓)

Settlor/Donor

Protector

Beneficiary

Name

Date of birth or death

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Birth

Death

Residential Address

Postcode

Capacity (✓)

Settlor/Donor

Protector

Beneficiary

Name

Date of birth or death

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Birth

Death

Residential Address

Postcode

Capacity (✓)

Settlor/Donor

Protector

Beneficiary

Name

Date of birth or death

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Birth

Death

Residential Address

Postcode

Class of beneficiary if not named (an extract of the deed may be provided)

You may also wish to provide identification documentation at the time of application/assignment for the named parties to the trust (for example, beneficiaries) in order to avoid delays on subsequent transactions where documentary evidence is required. If there are more parties to the trust, please photocopy this page, attach the details with this application form and tick here (✓)

L3 VERIFICATION OF CUSTOMER IDENTITY - FINANCIAL ADVISER REPRESENTATIVE/
SUITABLE CERTIFIER TO COMPLETE - ADDITIONAL INFORMATION FOR CORPORATE/
CORPORATE TRUSTEE APPLICANTS

Enclosed (✓)

1. Certified copy of the Certificate of Incorporation or the other official registration document.
2. Evidence of the registered office of the company, e.g. business registration (where applicable).
3. Certified copy of the company search enquiry of the company registry (same as the place of incorporation of the company), or certified certificate of incumbency or equivalent as issued by the company's registered agent, within the last six months.
4. Certified authorised signatory list or extract from board minutes empowering a named person to open/operate an account
5. Verification of identity of two directors of the company, one of whom must be an executive director.
6. Verification of identity of one signatory empowered to give instructions (if not one of the directors identified above).
7. Trading company - latest annual report and accounts. Non-trading company - evidence of the source of funds.
8. Private limited company - Verification of the identity of all shareholders holding 25% (or 10% for high risk circumstances) or more of the issued share capital as at the date of the application. Where the shareholders are not individuals, or where there are any individuals (other than shareholder) who exercise ultimate control over the management of the company, we will require verification of the identity of the ultimate beneficial owner of those entities / individuals and their relationship to the company.
9. For corporate trustee application - Evidence of the appointment of trustees (for example a certified copy of an extract from the trust deed, but not the whole deed) if the application is in respect of an existing trust.

M FINANCIAL ADVISER REPRESENTATIVE/SUITABLE CERTIFIER

This section must be completed in all instances.

DECLARATION BY THE FINANCIAL ADVISER/SUITABLE CERTIFIER

PART 1 - WHO HAS MET THE CLIENT

Please complete one of the following:

I have met my client(s) in person

I have met my client(s) face-to-face via secure live video stream

I have not met my client(s) face-to-face

PART 2 - HOW HAS THE CUSTOMER DUE DILIGENCE (CDD) BEEN OBTAINED

Please confirm which items of CDD have been provided and how they were obtained by ticking the relevant boxes:

Please note 'Obtained via a third party who has met the client face to face' also includes via live video stream.

	OBTAINED BY THE ADVISER DIRECTLY FROM THE CLIENT	OBTAINED VIA A THIRD PARTY WHO HAS MET THE CLIENT FACE TO FACE	PROVIDED DIRECT TO UTMOST INT. BY THE CLIENT
Valid identity document(s)			
Valid proof of residential address			
Source of funds			
Source of wealth documents/information			

Where certification is required, please ensure the following is carried out on each copy document:

I certify this document as a copy of the document that I have seen through <insert method of communication used> held on <x date> between me and the applicant /Policyholder. The document has not been tampered with and I have received the same confirmation from the applicant /Policyholder.

PART 3 - THIRD PARTY DETAILS

If you have confirmed in either Part 1 that you have not met your client face to face or in Part 2 that CDD has been obtained via a third party who has met the client face to face, please provide the following details:

	THIRD PARTY DETAILS 1	THIRD PARTY DETAILS 2
Name of individual(s) that obtained the CDD or met the client face to face		
Date of Birth		
Residential Address		
Registered Company Name		
Registered Company Address		

Where there is more than two third parties involved in obtaining CDD, please contact your Utmost International Sales Consultant for further guidance.

PART 4 - FINANCIAL ADVISER DECLARATION

I declare that:

- › I have taken reasonable steps to ensure that the funding is legitimate and in line with the client's circumstances.
- › To the best of my knowledge, all the information provided with this form and application is true and complete and that I will provide further information if required.
- › I have not made any changes to the application form after the client has signed it
- › I have verified the contents of the original documents where copies have been enclosed and that they are true copies of the original.

By providing certification for Customer Due Diligence documents where these have been viewed and verified via secure live video stream, you confirm:

1. That the client held their ID beside their face to confirm the document as a true likeness.
2. The other elements of the Customer Due Diligence (CDD) were held up by the clients so I could verify they were a true likeness to those in my possession.
3. That I obtained evidence by retaining a recording of the video meeting or by taking a picture of my client with their CDD for record keeping purposes and to validate my certification. I will provide this to Utmost International upon request.

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY
APPLICATION FORM - NEW BUSINESS AND TOP-UP

I confirm that I gave advice concerning this investment to the applicant(s) in (name of country)

on

d	d	m	m	a	a	a	a
---	---	---	---	---	---	---	---

Regulatory body authorisation number (if applicable)

Regulator name

Utmost International financial adviser account number

--	--	--	--	--	--	--	--	--	--

SIGNATURE

Financial Adviser

Full name of financial adviser

Date

d	d	m	m	a	a	a	a
---	---	---	---	---	---	---	---

Financial Adviser stamp

NOTE

This form is unacceptable if not dated and stamped by the signatories. This is mandatory according to the Monetary Authority of Singapore.

Utmost International is a member of the Policy Owners' Protection Scheme (PPF Scheme) in Singapore. However, this Policy issued by Utmost International (where no additional life cover is purchased) is not covered under the PPF Scheme. Details of the PPF Scheme can be obtained at Singapore Deposit Insurance Corporation Limited's website on www.sdic.org.sg.

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Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost Wealth Solutions is the registered business name of Utmost International Isle of Man Limited Singapore Branch.

Utmost International Isle of Man Limited Singapore Branch, 6 Battery Road #16-02, Singapore 049909. Tel: +65 6216 7990 Fax: +65 6216 7999.

Registered in Singapore Number T08FC7158E.

Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore.

Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

Utmost International Isle of Man Limited is registered in the Isle of Man under number 024916C.

Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Licensed by the Isle of Man Financial Services Authority.

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INVESTMENT MANDATE

A KNOWLEDGE AND EXPERIENCE

Please indicate your **investment knowledge and experience** for each investment type. Indicate "No" if you have no previous knowledge and experience or if you are unsure whether you have invested in a product before.

	KNOWLEDGE		EXPERIENCE		
	Do you have any investment knowledge of the product?		Have you conducted more than 1 trade in the product over the last 3 years?	Years of investment experience	Please indicate the financial institution you have traded the product with or any other additional information
Foreign Exchange					
FX Spot	No	Yes	No	Yes	
FX Forward/Non Deliverable Forward	No	Yes	No	Yes	
Fixed Income					
Vanilla Bonds	No	Yes	No	Yes	
Non-Vanilla Bonds (e.g. Callable/Preferred/Perpetual/Convertible/ Exchangeable Bond)	No	Yes	No	Yes	
Equities					
Ordinary Shares/Exchange Traded Funds	No	Yes	No	Yes	
Synthetic and Complex Exchange Traded Funds	No	Yes	No	Yes	
Structured Products					
Basic Structured Products (e.g. Currency Linked Investments, Single Stock/Knock-Out Equity Linked Note)	No	Yes	No	Yes	
Complex Structured Products (e.g. Daily Accrual/Basket Equity Linked Note, Accumulator Note)	No	Yes	No	Yes	
Funds					
Traditional Unit Trusts/Mutual Funds	No	Yes	No	Yes	
Complex Funds (Funds that utilise derivatives or invest in exotic assets or employ non long-only investment strategies)	No	Yes	No	Yes	
Alternative Investment Funds					
Hedge Funds	No	Yes	No	Yes	
Private Equity Funds	No	Yes	No	Yes	

For derivative products (including products with derivatives exposure such as Structured Products, Equity/Currency/Interest Linked Instruments, Options/Warrants, etc.), please answer the following questions: Please indicate details:

Have you traded 5 or more transactions involving derivative products in the last 3 years? (If yes, please state the financial institution and the type of products traded.)	No	Yes	
Have you had any work experience relating to derivative products? (If yes, please state the firm you have worked in and the position held.)	No	Yes	
Have you obtained any relevant professional financial qualifications (e.g. CFA), or undergone training (e.g. training video, seminar, online training) or attended course(s) on derivative products? (If yes, please state the topic, organiser and the attendance date of the training.)	No	Yes	

B RISK TOLERANCE

Your **Risk Tolerance** measures the risk you are willing to take in order to achieve your investment objectives. It deals with the way you are likely to feel about uncertainty in an investment outcome and/or financial losses. Your responses in this section will apply to the investment portfolio managed by the appointed discretionary asset manager.

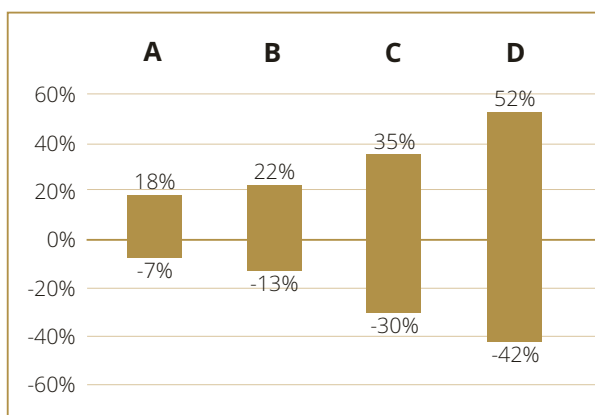
- With regard to fluctuation of an investment portfolio over your investment time horizon, which portfolio would you be most comfortable investing in?

Portfolio A

Portfolio B

Portfolio C

Portfolio D



- During your investment time horizon, among those years with negative returns, what average level of capital loss would you be comfortable with?

4%

10%

16%

36%

Worse than 36%

- During your investment time horizon, how would you react to an unexpected loss to your investment portfolio?

Sell

Hold

Buy

C RISK ABILITY

Your Risk Ability measures your ability to cope with financial losses without a material impact on your standard of living. Your responses in this section will apply to your investment portfolio managed by the appointed discretionary asset manager.

- Based on your response to question 2 of Section B – Risk Tolerance, how will the capital loss influence your decisions on expenditure over the next 1 year?

Significantly impacted (more than 50% reduction in expenses)

Moderately impacted (20% - 50% reduction in expenses)

Minimally impacted (5% - 20% reduction in expenses)

No impact

2. When do you plan to start withdrawing substantial funds (more than 50%) from any of your policies maintained with us?

Between 0 and 3 years

Between 3 and 7 years

Between 7 and 10 years

I have no plans to withdraw substantial funds from my portfolio(s) in the next 10 years

3. Do you require income from your policy maintained with us to finance your living / operating expenses during your investment time horizon?

Yes, to a large extent to cover the expenses (i.e. >50% of expenses)

Yes, to some extent to cover the expenses (i.e. 5-50% of expenses)

No, as there are other sources of income which are sufficient to cover the expenses

No, as there are other sources of income that significantly exceed the expenses

4. Is your current retirement plan sufficient?

Insufficient (0-60% of target)

Quite sufficient (>60% of target)

Sufficient (at least 100% of target)

More than sufficient (>100% of target)

Not Applicable (For operating company only)

D INVESTMENT OBJECTIVES

Your Investment Objectives refer to your goals for a specific portfolio. Your responses in this section will be used to derive your Investment Objectives for the policy for this application.

1. Which of the following best describes your investment objectives for the policy(s)?

I/We want to protect my/our capital by placing my/our capital in risk-free assets only. By selecting this option, I/we acknowledge that I/we may only hold cash and undertake FX spot transactions through the policy (s) listed above. Which will be assigned the low risk-return portfolio.

I/We want to preserve my/our capital and would be satisfied with limited investment returns, by investing in a low risk-return portfolio comprising mainly products with low returns, but also low volatility and low risk of loss.

I/We want to grow my/our capital and seek moderate investment returns by investing in a medium risk- return portfolio with a mix of low return and low risk products, and products potentially offering higher returns but also involving higher risk and potential loss of capital.

I/We want to maximize the growth of my/our capital and seek high investment returns by investing in a high risk- return portfolio comprising mainly products that offer potentially high returns, but which may also be complex to understand and involve high risk of loss of capital.

2. What is your investment time horizon for the policy? Your investment time horizon may be constrained by your need to withdraw substantial funds from the policy. Please refer to your response to question 2 of Section C – Risk Ability of this questionnaire.

Short Term (Less than 3 years)

Medium Term (Between 3 and 7 years)

Long Term (Between 7 and 10 years)

Very Long Term (More than 10 years)

I/We confirm that the information provided within this Investment Mandate is accurate.

	Applicant 1	Applicant 2 (If any)
Full forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
SIGNATURE	<input type="text"/>	<input type="text"/>
Date	<div><div>d</div><div>d</div><div>m</div><div>m</div><div>a</div><div>a</div><div>a</div><div>a</div></div>	<div><div>d</div><div>d</div><div>m</div><div>m</div><div>a</div><div>a</div><div>a</div><div>a</div></div>
<div>For UI use only:</div> <div></div>		

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TELEGRAPHIC TRANSFERS DETAILS TO UTMOST INTERNATIONAL ISLE OF MAN LIMITED

Transfers must be the exact amount(s) and sent from the bank account(s) stated in your application. This is critical for our cash matching system to process your payment. Should your remittance amount be a different amount(s) or from a different account(s) as stated in your application then please contact us to advise of the details at IOM.finance@utmostinternational.com.

A PAYMENTS FROM SINGAPORE BANKS IN SINGAPORE DOLLARS, US DOLLARS, EURO AND STERLING

Account Name:	Utmost International Isle of Man Limited Singapore Branch
Swift Code:	HSBC SGSGXXX
Branch:	HSBC
Branch Address:	21, Collyer Quay, HSBC Building, Singapore 049320
A/c Singapore dollar:	147-409064-001
A/c US dollar:	260-601471-178
A/c Euro:	260-601471-179
A/c Sterling:	260-601471-180

B PAYMENTS FROM OVERSEAS BANKS AND OTHER CURRENCY PAYMENTS (SWIFT PAYMENTS)

STERLING PAYMENTS		ALL OTHER CURRENCY PAYMENTS (SWIFT PAYMENTS)	
Swift	NWBKGB2147K	SWIFT Code:	NWBKGB2LXXX
Sort Code:	56 00 68	Bank:	National Westminster Bank, London
Bank:	National Westminster Bank Southampton.	Beneficiary:	Utmost International Isle of Man Limited Singapore Branch
Beneficiary:	Utmost International Isle of Man Limited Singapore Branch	Account Number:	(Select as applicable below):
IBAN:	GB44NWBK56006837880527		
Account Number:	37880527		

CURRENCY	IBAN:	ACCOUNT NUMBER
USD	GB31 NWBK 6073 0140 5312 87	140-00-40531287
EUR	GB80 NWBK 6072 1340 5313 25	550-00-40531325
AUD	GB50 NWBK 6073 0140 5313 33	160-00-40531333
CAD	GB75 NWBK 6073 0140 5313 68	150-00-40531368
CHF	GB53 NWBK 6073 0140 5313 76	234-00-40531376
DKK	GB09 NWBK 6073 0140 5313 92	175-00-40531392
HKD	GB19 NWBK 6073 0140 5314 06	338-00-40531406
JPY	GB94 NWBK 6073 0140 5314 14	349-00-40531414
NOK	GB53 NWBK 6073 0140 5314 73	222-00-40531473
NZD	GB97 NWBK 6073 0140 5315 54	217-00-40531554
SEK	GB44 NWBK 6073 0140 5316 35	232-00-40531635
SGD	GB22 NWBK 6073 0140 5316 43	409-00-40531643

**Please note that when sending payments electronically, spaces should be omitted from the IBAN numbers.
Please ensure that policy number and/or policyholder name are quoted as reference details in the payment.**

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